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December 16, 2010

FACSIMILE COVER SHEET

Page 1 of 18

TO: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	RE: Application No. 10/531,765 Filing Date: April 19, 2005
TELEPHONE: (571) 272-4878 Examiner: Jiping Lu	FACSIMILE: (571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Request for Continued Examination (RCE) Transmittal
Amendment Pursuant to 37 C.F.R. §1.114
Amendment Transmittal

CONFIDENTIALITY NOTE:

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PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION

Attorney's Reference: laurencot2.d12

In re the Application of: Jean LAURENCOT

Application No.: 10/531,765

Filed: April 19, 2005

For: METHOD FOR TREATING A LOAD OF STACKED LIGNEOUS MATERIAL ELEMENTS,
IN PARTICULAR A LOAD OF WOOD BY HIGH-TEMPERATURE HEAT TREATMENTMail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.
- [X] A "Request for Continued Examination (RCE) Transmittal" is enclosed. Also enclosed is the fee (\$405.00) required for filing this Request under 37 C.F.R. §1.17(e).
- [X] No additional fee for claims is required.

	(Col. 1) CLAIMS AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL FEE
TOTAL	16	MINUS 20	= 0	x 26 = \$		x 52 = \$
INDEPENDENT	1	MINUS 3	= 0	x 110 = \$		x 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ 195 = \$		+ 390 = \$
				TOTAL = \$	OR	TOTAL = \$

- [X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

- [] first - \$ 65.00
- [X] second - \$245.00
- [] third - \$555.00
- [] fourth - \$965.00

month after time period set


Other than Small Entity

Response filed within:

- [] first - \$ 130.00
- [] second - \$ 490.00
- [] third - \$1,110.00
- [] fourth - \$1,730.00

month after time period set

- [X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 650.00.
- [] A check in the amount of \$ _____ is attached.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405.
- [X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- [X] Any patent application processing fees under 37 C.F.R. §1.17.

December 16, 2010
(date)

 GARY M. COHEN, ESQ.
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